



"MAKE-UP CLASS" FORM

To be used when attending a class with an agency other than Metro Fire.

This form must be filled out and returned to Metro Fire CERT to receive full credit for class(es) made up (please PRINT and use ink). Mail the completed form to:

**Metro Fire CERT Program
2101 Hurley Way
Sacramento, CA 95825-3208**

YOUR INFORMATION:

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS	CITY	STATE	ZIP CODE
(AREA CODE) PHONE NUMBER	EMAIL ADDRESS		

ORIGINAL CLASS INFORMATION:

ORIGINAL CLASS DATE	Metro Fire Station 21, 7641 Greenback Lane, Citrus Heights, CA 95610
ORIGINAL CLASS LOCATION	
Sacramento Metropolitan Fire District	Allen Getreu
ORIGINAL TRAINING AGENCY	ORIGINAL PROGRAM MANAGER

MAKE-UP CLASS INFORMATION:

SESSION (WEEK NUMBER) OF MAKE-UP CLASS	DATE OF THE MAKE-UP CLASS	TIME OF MAKE-UP CLASS
LOCATION OF THE MAKE-UP CLASS (STREET ADDRESS / CITY / ZIP CODE)		
AGENCY PROVIDING THE MAKE-UP CLASS		
NAME OF THE MAKE-UP CLASS INSTRUCTOR	PHONE NUMBER OF THE MAKE-UP CLASS INSTRUCTOR	
SIGNATURE OF THE MAKE-UP CLASS INSTRUCTOR		

REMINDER: NOT ALL CERT PROGRAMS ARE FEMA-COMPLIANT.
It is the responsibility of the original training organization to either accept or deny this make-up class.